

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Tetsushi KOKUBO et al.

Serial No. :

09/910,104

For

INFORMATION PROCESSING APPARATUS, INFORMATION PROCESSING METHOD, INFORMATION

PROCESSING SYSTEM, AND STORAGE MEDIUM

Filed

July 20, 2001

Examiner

Chanda L. Harris

Art Unit

3715

745 Fifth Avenue New York, NY 10151 Tel: 212-588-0800

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

No. 50-0320.

Dear Sir:

| TO 1 1 | 1 | | 4 . | | | | •• |
|-------------------------|-------------|--------|-------------|---------|-------|-------------|--------------|
| Transmitted | herewith | 10 an | amendment | in the | Shove | _identitied | annlication |
| 1 I dii Sii ii ii ii Cu | TICLE WILLI | 13 411 | antichunich | III UIC | 40000 | -iuciiiiicu | application. |

- No additional fee is required.
- The fee has been calculated as shown below.
- This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously | (5) Present extra | (6) Rate | (7) Additional Fee |
|--------------------|--|----------|-------------------------------|----------------------|-------------|--------------------------|
| | | | paid for | | | |
| Total claims | 12 | Minus | ** = 53 | *0x | \$50 (25) | =\$0 |
| Independent claims | 6 | Minus | ***=27 | *0x | \$200 (100) | =\$0 |
| | | Total ad | ditional fee for th | nis amendment | | \$0 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

| Ш | This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid, or is paid herewith |
|---|--|
| | This response is being filed within the month following the expiration of the term originally set therefore. This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed. |
| | A check in the amount of \$ is attached, which covers the cost of _ additional claims _ petition for extension of time. |
| | Charge \$ to Deposit Account No. 50-0320. |

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account

FIRST CLASS MAIL CERTIFICATE

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 10, 2006.

Thomas F. Presson, Reg. No. 41,442

| , |
|--|
| Name of Applicant, Assignee or Registered Representative |
| |
| Shomer S. Trusson |
| Signature |
| October 10, 2006 |
| Date of Signature |

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP

Attorneys for Applicants

Thomas F. Presson Reg. No. 41,442

Tel: 212-588-0800

PE U.S. Appln. No. 09/910,104
Reply to Office Action dated June 8, 2006

PATENT 450100-03353 3 7 /5

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Harris, Chanda L.

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Confirmation No.

1695

745 Fifth Avenue New York, NY 10151

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Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative

Signature

October 10, 2006

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121 AND PETITION FOR EXTENSION OF TIME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Non-Final Office Action mailed on June 8, 2006, Applicants

hereby petition for a one-month extension-of-time, extending the period for response to October

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Page 1 of 10

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10, 2006. Applicants enclose herewith a check in the amount of \$120.00 as payment of the extension-of-time fee. Please amended the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.